

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

I, a below named inventor, hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION, OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SPECIES SPECIFIC PCR ASSAY FOR DETECTION OF *LEISHMANIA DONOVANI* IN CLINICAL SAMPLES OF KALA-AZAR AND POST KALA-AZAR DERMAL LEISHMANIASIS

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c)) (a) ☐ is attached hereto.

- b) ☒ was filed on **February 28, 2002** as ☒ Serial No. **10/086,184**
or ☐ Express Mail No., as Serial No. not yet known, _____
and was amended on _____ (if applicable).

NOTE Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ as amended under PCT Article 19 (1) on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement 37CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
☐ such applications have been filed as follows.

NOTE Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN(S)) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF RUNG (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number)*

Richard P. Berg, Reg. No. 28,145
 Mavis S. Gallenson, Reg. No. 32,464
 Kam C. Louie, Reg. No. 33,008 Ross A.
 Schmitt, Reg. No. 42,529

Victor Repkin, Reg. No. 45,039 John
 Palmer, Reg. No. 36,885 Peter D.
 Galloway, Reg. No. 27, 885 William R.
 Evans, Reg. No. 25, 858

(check the following item, if applicable)

☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Richard P. Berg, Esq.
 c/o LAD AS & PARRY
 5670 Wilshire Boulevard, Suite 2100
 Los Angeles, California 90036-5679

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Richard P. Berg (323)
 934-2300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor
 Inventor's signature

POONAM SALOTRA

Poonam

Date 17 SEPTEMBER 2002 Country of Citizenship INDIA
 Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address: (same as residence)

Full name of second inventor

SREENIVAS G

Inventor's signature

S. Sreenivas G

Date 17 SEPTEMBER 2002 Country of Citizenship INDIA
 Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address (same as residence)

Full name of third inventor, if any : **GREGORY P POGUE**

Inventor's Signature _____

Date _____

Country of Citizenship _____

USA

Residence : 419 Trillick Ct, Vacaville, CA 95688. USA

Post Office Address: (same as residence)

Full name of fourth inventor, if any : **HIRALAL NAKHASI**

Inventor's Signature _____

Date _____

Country of Citizenship _____

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854. USA

Post Office Address: (same as residence)

Full name of fifth inventor, if any : _____

Inventor's Signature _____

Date _____

Country of Citizenship _____

Residence: _____

Post Office Address: (same as residence)

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☐ Signature for third and subsequent joint inventors. *Number of pages added* ____

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* _____

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* Added pages to combined declaration and power of attorney for divisional, continuation-in-part (CIP) application. *Number of pages added* ____f]

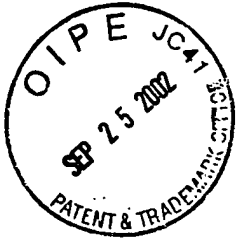
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(Declaration and Power of Attorney – Page 4 of 4)

Practitioner's Docket **U 013891-8****COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)



As a below named inventor, hereby declare that:

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 IN CLINICAL SAMPLES OF KALA-AZAR AND POST KALA-AZAR DERMAL
 LEISHMANIASIS**

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Richard P. Berg, Esq.
c/o LAD AS & PARRY
5670 Wilshire Boulevard, Suite 2100
Los Angeles, California 90036-5679

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SIGNATURE(S)

Full name of sole or first inventor **Poonam Salotra**

Inventor's signature _____

Date _____ Country of Citizenship **INDIA**
Residence Indian Council of Medical Research, Ansari Nagar, Post Box 4911 New Delhi-110029, India

Post Office Address: (same as residence)

Full name of second inventor **Sreenivas G**

Inventor's signature _____

Date _____ Country of Citizenship **INDIA**
Residence Indian Council of Medical Research, Ansari Nagar, Post Box 4911 New Delhi-110029, India

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Full name of third inventor, if any :

GREGORY P POGUE

Inventor's Signature

Date

Country of Citizenship

USA

Residence : 419 Trillick Ct, Vacaville, CA 95688. USA

Post Office Address : (same as residence)

Full name of fourth inventor, if any :

HIRAAL NAKHASTI

Inventor's Signature

Date

9/18/02

Country of Citizenship

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854. USA

Post Office Address : (same as residence)

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Date

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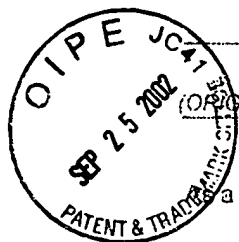
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SIGNATURE(S)

Full name of sole or first inventor

POONAM SALOTRA

Inventor's signature

Date Country of Citizenship INDIA
Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address: (same as residence)

Full name of second inventor

SREENIVAS G

Inventor's signature

Date Country of Citizenship INDIA
Residence C145, Sarvodaya Enclave, New Delhi 110017, India.

Post Office Address (same as residence)

Full name of third inventor, if any :

GREGORY P POGUE

Inventor's Signature

Date September 24, 2002

Country of Citizenship

USA

Residence : 419 Trillick Ct, Vacaville, CA 95688. USA

Post Office Address: (same as residence)

Full name of fourth inventor, if any :

HIRALAL NAKHASI

Inventor's Signature

Date

Country of Citizenship

USA

Residence: 8504 Potomac School Terrace, Potomac MD 20854. USA

Post Office Address: (same as residence)

Full name of fifth inventor, if any :

Inventor's Signature

Date

Country of Citizenship

Residence:

Post Office Address: (same as residence)

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